

478

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. **438**  
Registrar's No. **1009**  
Southern Pacific San.  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County **Pima** (b) City or Town **Tucson** (c) Location **Southern Pacific San.**  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution **29 days**; In Community **31 years**; In Arizona **31 years**  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State **Arizona** (b) County **Pima** (c) City or Town **Tucson**  
(If outside city limits also write RURAL)  
(d) Street No. **627 North 6th Avenue** (e) Citizen of foreign country (Yes or No) **no**  
3. (a) FULL NAME **LOREN REECE** (b) If Veteran name war **no** (c) Social Security No. **700-12-3199**

4. Sex **Male** 5. Race **White** ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced **married**  
6. (b) Name of husband **L. ALMA REECE** 6. (c) Age of husband or wife, if alive **67 yrs.**  
7. Birthdate of deceased **August 28th 1875**  
(Month) (Day) (Year)  
8. AGE: Years **72** Months **2** Days **2** If less than one day hrs. min.  
9. Birthplace **St. Jacobs, Illinois**  
(City, town or county) (State or Country)  
10. Usual Occupation **Retired Railroad Con.**  
11. Industry or Business  
12. Name **Joshua Reece**  
13. Birthplace **Greenville, Illinois**  
(City, town or county) (State or Country)  
14. Maiden Name **Matilda Jane Reynolds**  
15. Birthplace **Champaign, Illinois**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **L. Alma Reece**  
(b) Address **627 N. 6th Ave., Tucson, Ariz.**

17. (a) Burial, Cremation or Removal **Burial**  
(b) Place **Evergreen Cem.** (c) Date **Oct. 30, 1947**  
18. (a) Embalmer's Signature **Wm. A. Reilly**  
(b) Funeral Director **REILLY FUNERAL HOME**  
(c) Address **102 E. Pennington, Tucson**

19. (a) **10-30-47** (Date received local Registrar)  
(b) **Wm. A. Reilly** (Registrar's Signature)

40M-100% Reg-6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **10/30/1947**  
TIME (Hour and minute) **4:26 A.**  
21. I hereby certify that I attended the deceased from **10/1/1947** to **10/30/1947**  
that I last saw him alive on **10/30/47**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary occlusion**

**acute**

Due to **thrombosis**

Due to **Coronary artery**

**sclerosis**

Other conditions

(Include pregnancy within three months of death)

Major findings:

Of operations

Of autopsy **occlusion of coronary**

**+ descending coronary artery**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury

23. Signature **Wm. A. Reilly** M. D.

Address **2430 6th** Date signed **10/30/47**

DURATION

**10 days**

**10 days**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**

**years**